



# County of Bedford, Virginia

Department of Human Resources • 122 East Main Street, Suite 202 • Bedford, VA 24523  
[www.bedfordcountyva.gov](http://www.bedfordcountyva.gov) • (540) 586-7601 • Fax (540) 587-0710

## APPLICATION FOR EMPLOYMENT

The County of Bedford, Virginia is an equal opportunity employer and all applicants and employees shall be afforded equal opportunity in all aspects of employment without regard to race, sex, color, national origin, religion, age, otherwise qualified persons with disabilities, or any other factor protected by law. If needed, please contact the Human Resources office for reasonable accommodation in completing this application.

Bedford County accepts applications only for current advertised positions. Resumes are welcome as an accompaniment to this application but are not considered a substitute for the information requested on the application. An application remains active during the recruitment period for which it was submitted. A separate application must be submitted for each position in which the applicant wishes to express interest.

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

### PERSONAL DATA

Legal Name \_\_\_\_\_  
Last First M.I. Other Names Used

Address \_\_\_\_\_  
Street Address or PO Box City State Zip Code

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_  
Area Code Telephone Number Area Code Telephone Number (alternate)

Certain positions have an age requirement. Are you 21 years of age or older? ☐ Yes ☐ No  
If NO, are you 18 years of age or older? ☐ Yes ☐ No

### EDUCATION

Please provide all education or specialized training relevant to the position in which you are applying.  
Applicants must meet minimum educational requirements as stated in the posted job description.

Did you graduate from high school or complete a high school equivalency program? ☐ Yes ☐ No

If no, check highest grade completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Name of High School \_\_\_\_\_ Location \_\_\_\_\_

Name of College / University or other Post High School Institution	Location	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

Other education, training, certification, etc. relevant to the position you are applying for: \_\_\_\_\_

## EMPLOYMENT AND VOLUNTEER EXPERIENCE

Starting with the most recent, describe ALL paid, military, and applicable volunteer job experience. Highlight knowledge, skills, and abilities which best demonstrate your qualifications for this position. Please list significantly different jobs within the same organization as separate items. Use supplemental sheets if additional space is needed.

Job Title

Employer

Type of Business

Street Address

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name

Supervisor's Position

☐ Full Time ☐ Part Time – Hours per week: \_\_\_\_\_

Salary:  
Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Duties / Equipment Used \_\_\_\_\_

Did you supervise others? ☐ Yes – How Many? \_\_\_\_\_ ☐ No

Reason for leaving? \_\_\_\_\_

May we contact this employer?

☐ Yes ☐ No

Job Title

Employer

Type of Business

Street Address

Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name

Supervisor's Position

☐ Full Time ☐ Part Time – Hours per week: \_\_\_\_\_

Salary:  
Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Duties / Equipment Used \_\_\_\_\_

Did you supervise others? ☐ Yes – How Many? \_\_\_\_\_ ☐ No

Reason for leaving? \_\_\_\_\_

May we contact this employer?

☐ Yes ☐ No

Job Title

Employer

Type of Business

Street Address

Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name

Supervisor's Position

☐ Full Time ☐ Part Time – Hours per week: \_\_\_\_\_

Salary:  
Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Duties / Equipment Used \_\_\_\_\_

Did you supervise others? ☐ Yes – How Many? \_\_\_\_\_ ☐ No

Reason for leaving? \_\_\_\_\_

May we contact this employer?

☐ Yes ☐ No

**LICENSE INFORMATION**

List all applicable license information, including drivers license and commercial driver's license, certificate or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by (Licensing Board)
<input type="checkbox"/> Driver's License <input type="checkbox"/> CDL			

Use this space for other education, certifications, training, special achievements, or specialized skills relevant to the position for which you are applying: \_\_\_\_\_

**MISCELLANEOUS**

Expected rate of pay? \$ \_\_\_\_\_ What date would you be available to begin employment? \_\_\_\_\_

Which shift(s) will you accept? ☐ Day ☐ Evening ☐ Nights ☐ Rotating ☐ Weekends

Would you accept ☐ Full-time ☐ Part-time If part-time, specify days and hours: \_\_\_\_\_

Have you ever been employed by Bedford County? ☐ Yes ☐ No If yes, in what capacity? \_\_\_\_\_

If yes, dates you were employed with the County: From: \_\_\_\_\_ To: \_\_\_\_\_

Do you currently have any relatives employed by Bedford County? ☐ Yes ☐ No

If yes, please give name and relationship: \_\_\_\_\_

How did you learn about this employment opportunity? \_\_\_\_\_

Have you ever been convicted for any violation(s) of law, including moving traffic violations?

(Do not include convictions which were adjudicated in Juvenile Court) ☐ Yes ☐ No

If YES, please provide description of offense and date of conviction. \_\_\_\_\_

*Under the Immigration Reform and Control Act of 1986, you will be required to verify your identity and certify that you are eligible to be employed. Further, you will be required to provide documentation to that effect should you be employed.*

For purposes of compliance with the *Immigration Reform and Control Act*, are you legally eligible for employment in the United States? ☐ Yes ☐ No

**REFERENCES**

Please list three professional references that are familiar with your qualifications. Do not include relatives.

	Name and Occupation	Company	Relationship	Contact Information: Phone Number or Email
1.				
2.				
3.				

**CERTIFICATION AND SIGNATURE OF APPLICANT**

I hereby certify that all entries on this application for employment are true and complete. I agree and understand that any falsification or information herein, regardless of time of discovery, may be considered sufficient cause for dismissal. I understand that all information on this application is subject to verification. I understand employment is contingent on a successful background check, drug test, and acceptable driving record (if required by position). I hereby authorize Bedford County to obtain my criminal history and driving records now and at any time during the course of my employment as the County may deem necessary. I also consent to reference, former employers, and/or educational institutions being contacted regarding this application. I authorize Bedford County to rely upon and use, as it sees fit, any information received from such contacts. I understand the County may be required to provide information concerning my application for employment and my employment history to other agencies for use in any employment-related investigation or inquiry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ***National Background Screening Consent Form***

**Bedford County Department of Human Resources**

### **Please Print**

Applicant's Legal Name	_____	_____	_____	_____
	Last	First	MI	Maiden
Social Security Number	_____ - _____ - _____	Date of Birth	_____ / _____ / _____	
Driver's License Number	_____	State Issued	_____	
Applicant's Address	_____			
City	_____	State	_____	Zip _____
Position applied for:	_____			

### **Purpose of Request: Employment**

### **Authorization for Release of Information**

In connection with my application for employment, subsequent employment, or volunteering with the County of Bedford, Virginia, I hereby authorize and give consent to the County to obtain information regarding my criminal history from Bedford County's reporting agency of choice, the Virginia State Police, or other law enforcement agency. I understand this includes the following information:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification
- Motor Vehicle Record

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained at any time after receipt of authorization and, if approved, throughout the length of employment or volunteering.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date